

Current Medications/Reconciliation Form

Patient Name: ALAN FORSTATER **Visit Id:** EDIS0011
Medical Record: EDIS011 **Sex:** Male
Date of Birth: 12/14/1953 **Age:** 53yo

Height: _____ Weight: _____

Disposition of patient home medications upon admission: Brought to hospital and sent home
 Not brought to hospital In Pharmacy

Data Source: Patient Family Other (specify): _____

Diagnosis: _____

Allergies: Penicillin (PCN) allergy. _____

Commentary

Current Medications		
Continue during hospital stay		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Metoprolol; 100 mg(s); PO; twice daily.
<input type="checkbox"/>	<input type="checkbox"/>	Aspirin; 325 mg(s); PO; every day.
<input type="checkbox"/>	<input type="checkbox"/>	"cholesterol med'.
<input type="checkbox"/>	<input type="checkbox"/>	Zantac ; dose and frequency unknown.
<input type="checkbox"/>	<input type="checkbox"/>	

Date & Time	Signature & Title of Nurse obtaining medication history	Admitting Physician	Date & Time
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